

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT
141 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510
(203) 773-2140

KEVIN F. ROWE
CLERK

VICTORIA C. MINOR
CHIEF DEPUTY CLERK

LORI A. INFERRERA
DEPUTY IN CHARGE

CRIMINAL JUSTICE ACT PANEL QUESTIONNAIRE

***PLEASE RETURN TO VICTORIA C. MINOR, CHIEF DEPUTY CLERK, 141 CHURCH ST.,
NEW HAVEN, CONNECTICUT 06510.***

NAME AND BUSINESS MAILING ADDRESS: TELEPHONE NUMBER:

Last name, first name, middle initial or middle name

Area code/telephone

Street address and/or P.O. Box

FEDERAL BAR NUMBER

City, state, zip code

Internet email address

SOCIAL SECURITY NUMBER [required for any CJA payments]: _ _ _ - _ _ - _ _ _
This number must be supplied, even if your firm receives the payments!

INITIAL BELOW YOUR CHOICE OF HOW PAYMENTS SHOULD BE REPORTED TO IRS:

1. _____ Under my social security number and name, as indicated above
2. _____ To the law firm with which I am affiliated. The law firm's Taxpayer Identification Number,
Name and Address are:

Taxpayer Identification Number of Law Firm

This number must be supplied if you selected option #2 above!

Name of Law Firm

Address of Law Firm

CJA PANEL APPLICATION - GENERAL INFORMATION

NAME AND BUSINESS MAILING ADDRESS:

TELEPHONE NUMBER:

Last name, first name, middle initial or middle name

Area code/telephone

Street address and/or P.O. Box

ct _____

FEDERAL BAR NUMBER

City, state, zip code

Internet email address

DATES OF BAR ADMISSIONS:

FEDERAL COURT (CONNECTICUT): _____

STATE COURTS (Specify state): _____

HAVE YOU EVER SERVED ON A CJA PANEL?
(IF YES, STATE WHERE AND WHEN)

YES _____ **NO** _____

HAVE YOU EVER BEEN EMPLOYED AS A PUBLIC DEFENDER (STATE OR FEDERAL)?
(IF YES, STATE WHERE AND WHEN)

YES _____ **NO** _____

HAVE YOU EVER WORKED AS A PROSECUTING ATTORNEY (STATE OR FEDERAL)?
(IF YES, STATE WHERE AND WHEN)

YES _____ **NO** _____

HAVE YOU EVER ATTENDED TRAINING PROGRAMS FOCUSING ON FEDERAL CRIMINAL PRACTICE?

SENTENCING GUIDELINES:

YES _____ NO _____

_____ (IF YES, STATE WHERE AND WHEN)

BAIL REFORM ACT (1984):

YES _____ NO _____

_____ (IF YES, STATE WHERE AND WHEN)

OTHER:

YES _____ NO _____

_____ (IF YES, STATE WHERE, WHEN & NATURE OF SEMINAR)

QUESTIONS RELATING TO CRIMINAL EXPERIENCE IN FEDERAL AND STATE COURT

FEDERAL COURT EXPERIENCE:

HOW MANY TRIALS HAVE YOU PERSONALLY CONDUCTED? _____

% AS DEFENSE ATTORNEY _____

% AS PROSECUTOR _____

% JURY TRIALS _____

% COURT TRIALS _____

% PRIMARILY RESPONSIBLE _____

% SECOND-CHAired _____

PLEASE DESCRIBE THE TYPES OF CASES YOU HAVE HANDLED.

PLEASE GIVE RANGE REGARDING LENGTHS OF THESE TRIALS. _____

HOW MANY GUILTY PLEAS HAVE YOU HANDLED? _____

% AS DEFENSE ATTORNEY _____ % AS PROSECUTOR _____

STATE COURT EXPERIENCE:

HOW MANY TRIALS HAVE YOU PERSONALLY CONDUCTED? _____

% AS DEFENSE ATTORNEY _____ % AS PROSECUTOR _____

% JURY TRIALS _____ % COURT TRIALS _____

% PRIMARILY RESPONSIBLE _____ % SECOND-CHAIR _____

PLEASE DESCRIBE THE TYPES OF CASES YOU HAVE HANDLED.

PLEASE GIVE RANGE REGARDING LENGTHS OF THESE TRIALS. _____

HOW MANY GUILTY PLEAS HAVE YOU HANDLED? _____

% AS DEFENSE ATTORNEY _____ % AS PROSECUTOR _____

MISCELLANEOUS INFORMATION:

PLEASE INDICATE YOUR CIVIL LITIGATION EXPERIENCE BY PROVIDING EXAMPLES OF YOUR PRACTICE, TYPES OF CASES, TRIAL INVOLVEMENT, LENGTH, ETC.

PLEASE EXPLAIN ANY OTHER RELEVANT EXPERIENCE WHICH EXPLAINS WHY YOU WOULD LIKE TO BE ON THE CJA PANEL.

I HAVE READ THE PLAN WHICH GOVERNS CRIMINAL JUSTICE ACT CASES IN THIS DISTRICT. BY MAKING THIS APPLICATION I AM HEREBY AGREEING TO ABIDE BY THE PROVISIONS AS OUTLINED IN THE PLAN.

DATE

SIGNATURE